

PATENT

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Wallis, Dale, et al.
APPLICATION NO.: ~~09/970,421~~ 09/670,421
FILING DATE: 09/26/2000
TITLE: Detection of and Methods and Composition for Prevention
and/or Treatment of Papillomatous Digital Dermatitis
EXAMINER: Navarro, Albert Mark
GROUP ART UNIT: 1645
ATTY. DKT. NO.: 00098-00219

CERTIFICATE OF MAILING

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Dated: October 5, 2007

By: 

Molly Vida

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**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF
ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

SIR:

Enclosed please find the following documents:

- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Applicant Dale Wallis
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address for Applicant James L. Wallis
- Return Postcard

If the Examiner has any questions regarding this communication, he is invited to contact the undersigned at (916) 930-2585.

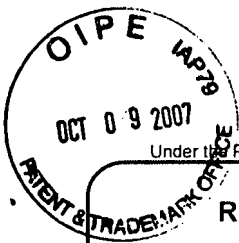
Respectfully submitted,

By: 

Carl J. Schwedler, Reg. No.: 36,924

Dated: October 5, 2007

Bullivant Houser Bailey PC
1415 L Street, Suite 1000
Sacramento, California 95814
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**REVOCATION OF POWER OF
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Application Number	09/670,421
Filing Date	09/26/2000
First Named Inventor	Wallis, Dale
Art Unit	1645
Examiner Name	Navarro, Albert Mark
Attorney Docket Number	00098-00219

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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Country			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Dale Wallis		
Date	<input type="text" value="2 October 2007"/>	Telephone	<input type="text" value="530-661-1442"/>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

James L. Wallis

Date

2 OCTOBER 2007

Telephone

530-661-1442

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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